



*"People
helping people
help
themselves"*

Mitchell E. Daniels, Jr., Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739
317-232-7800
FAX: 317-233-3472

Anne Waltermann Murphy, Secretary

April 9, 2009

To: Indiana ATR Recovery Consultants

From: Eric Scott, Program Manager
Indiana Access to Recovery

Re: Memo 018 – New INATR-004 Client Information Sheet

In an attempt to streamline the intake process and in order to improve compliance with Indiana ATR Recovery Consultation policies, state ATR staff have been reviewing and updating forms as needed. INATR-004 Client Information Sheet, a required RC form, has been revised to reconsider the information needs of Recovery Consultation agencies. The new INATR-004 is attached to this memo. This form will replace two Recovery Consultation forms: INATR-019 Client Registration Form and INATR-004 Client Information Sheet.

The new INATR-004 Client Information Sheet includes most of the information captured in the original INATR-004 but also includes some additional opportunities to collect client contact information. Additionally, the formatting changes have made it more ideal for completion by hand, which state staff found to be the norm. Please review this form and notice the changes. As you will see, additional space has been added to allow for more updates and notes. This area should be used to document additions and changes discovered during personal and electronic contacts. Also, you will notice that the client signature and RC signature is required at the end of the document. Please read the statement above the signature lines to the client and have the client sign during the intake interview. All information contained in the form should be asked of the client and all information given by the client should be documented on the form.

Effective April 19th, 2009, all RC agencies should begin using the new INATR-004 Client Information Sheet and discontinue use of INATR-019 Client Registration Form and the old INATR-004 Client Information Sheet.

If you have questions about how to complete INATR-004, please contact your Indiana ATR county representative.

Thank you,

Eric Scott
Program Manager
Indiana Access to Recovery, Division of Mental Health and Addiction





Indiana Access to Recovery (ATR) – Client Information Sheet

INATR - 004

On this form we collect information that will help us develop your Individualized Recovery Plan (IRP) and locate you when it is time for your 6 month and discharge follow-up GPRA interviews. The information you give use will be kept in your client file and only accessed by your Recovery Consultant, counselor or another program staff member who is assisting with conducting follow-up interviews. **We will not tell any person we contact anything except that you have been asked to participate in a health/wellness study.**

GENERAL INFORMATION

Name: _____
First Middle Last (Maiden)

Date of Birth: ____/____/____ Where were you Born? _____
City, State

Other names, nicknames or aliases: _____

Drivers license # _____ State _____

Residence: _____
Street Address City, ZIP

How long have you lived here? _____ Do you plan to move anytime soon? _____

(If yes) Do you know where? _____

Home Phone (____) _____ Cell Phone _____ Email: _____

Name of Work Place: _____ Work Phone: (____) _____

Who else lives at your residence?

1. Name: _____
First Last Relationship Phone Number

2. Name: _____
First Last Relationship Phone Number

What is another address where mail can always reach you:

Street Address and/or PO Box

City, ZIP

Who lives at this mailing address?

1. Name: _____
First Last Relationship Phone Number

2. Name: _____
First Last Relationship Phone Number

FRIENDS AND RELATIVES

Do you have friends or relatives who usually know how to contact you if I cannot reach you?

Name: _____
First Middle Last Relationship

Street Address and/or PO Box

City, State, ZIP

Phone () Cell phone () Email:

Name: _____
First Middle Last Relationship

Street Address and/or PO Box

City, State, ZIP

Phone () Cell phone () Email:

Name: _____
First Middle Last Relationship

Street Address and/or PO Box

City, State, ZIP

Phone () Cell phone () Email:

FAMILY INFORMATION

Are you Married? _____ Do you have any children? _____ If yes, how many? _____

(If applicable) Do you have regular contact with your children? _____

(If applicable) Are any of your children under the age of 14? _____

If yes, do you have adequate childcare for the children under 14? _____

(If applicable) Do you have a family history of physical or mental health issues? _____

Do your spouse or family members have a history of substance abuse or addiction? _____

If yes, please explain: _____

EMPLOYMENT AND EDUCATION INFORMATION

Are you currently employed? _____ *(If applicable)* Are you satisfied with job? _____

How often do you work (note work schedule)? _____

Do you have a disability that would limit or prevent you from working? _____

If yes, have you applied for disability benefits? _____

Are you a native English speaker? _____ If not, are you in need of ESFL services? _____

IF UNEMPLOYED OR IN SEARCH OF EMPLOYMENT

What type of job are you interested in? _____ Highest level of education completed? _____

Do you have any learning challenges (reading ability, disabilities)? _____

Would you like to further your education or move into a different type of employment? _____

If so, please explain: _____

Do you have reliable transportation? _____ If not, do you reside near a bus line? _____

LEGAL HISTORY/INFORMATION

Are you currently on probation or parole? _____

(If applicable) PO Name: _____ Phone #: _____

(If applicable) Please explain any current or previous criminal charges: _____

(If applicable) Please list any Parole/Probation requirements: _____

MENTAL AND PHYSICAL HEALTH INFORMATION

Do you have any known physical or mental health issues? _____

Please list any medications you are currently taking: _____

Do you have health insurance? _____ If no, have you applied for any assistance? _____

Are you currently under the care of a physical or mental health professional? _____

If so, who (list name and contact info): _____

Are you enrolled in any substance abuse programming (if so, list contact info): _____

What is your substance of choice? _____

What is the longest amount of time you have abstained from substances? _____

Do you have any other addictions (gambling, sex, shopping, etc.)? _____

Do you currently have a sponsor? *If so*, who? _____

Do you attend support group meetings? _____ *If not*, do you need info? _____

What methods have been most helpful in addressing your substance abuse or addiction?

- | | |
|--|---|
| <input type="checkbox"/> Participating in a therapy group | <input type="checkbox"/> Participating in individual counseling |
| <input type="checkbox"/> Participating in a 12-step group | <input type="checkbox"/> Spending time with friends |
| <input type="checkbox"/> Working | <input type="checkbox"/> Attending a religious service |
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Speaking with a spiritual/religious leader |
| <input type="checkbox"/> Exercising/Participating in a sport | <input type="checkbox"/> Participating in an art activity or hobby |
| <input type="checkbox"/> Spending time with their children | <input type="checkbox"/> Spending time with a spouse or partner |
| <input type="checkbox"/> Other: _____ | |

What are your barriers to recovery? _____

What state or federal assistance you receive or have applied for:

- ☐ TANF ☐ Food Stamps ☐ CCDF ☐ HUD ☐ WIC ☐ SSI/SSD

Other: _____

ADDITIONAL INFORMATION

What individuals would you identify as part of your social support network: _____

What types of activities do you enjoy doing? _____

What would you say are your strengths? _____

Who should I contact first if I cannot reach you? _____

When I call you, I would like to establish a password that can be used to verify your identity.

What password would you like to use (ex. Mother's maiden name, pet's name): _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

<hr/> Client Signature	<hr/> Date
<hr/> Recovery Consultant Signature	<hr/> Date